

Approved for use through 11/10/2019. GSA GEN REG 101-11.

Approved for use through 11/12/2006. OMB #0510-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
is a codification of information which is already contained in 37 CFR 1.14.

U.S. Patent and
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information if it does not display a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875.

Application of Hydigi Number

* If the difference in column 1 is less than zero, enter '0' in column 2.

CLAIMS AS AMENDED - PART II

12-22-11

	(Column 1)	(Column 2)	(Column 3)		
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
Initial	27	Minus	27	\$ 3.00	
1st Office Action	27	Minus	27	\$ 3.00	
Independent 1st Office Action	5	Minus	5	\$ 3.00	
FIRST TWO SUBMISSIONS OF EXISTING INDEPENDENT CLAIMS (1ST OFFICE ACTION)				TOTAL APPLIED FEE	
Q1					
Q2					
Q3					
Q4					
Q5					

(Column 1) (Column 2) (Column 3)

Using "Empty" or Column 1 is less than the "Empty" in column 2, some of us in column 1
"Using" "Empty" or Column 1 is more than that one who bring nothing is less than a fifth column.

Using 'Highest Priority Keyword Page Rank' as the SOURCE of lead flow triggers

The 'Highest Number Previously Paid for' (Total or Independent) is the highest value.

The collection of admissions is referred by 17 C.R.C.L. 139. The admissions are referred to section 105 of section 5 (referred to as "the section") of the Act.

The application for marketing authorization of a medicine or medical device is to be made by the holder of the EMA's marketing authorisation. Guidance material is provided in EMA/CHMP/313/03, EMA/CHMP/314/03 and EMA/CHMP/315/03. The submission, examination and review of a marketing authorisation application comprising a marketing application and submission of the completed application form to the EMA/CHMP will vary depending upon the individual case. Any comments on the content of your application to complete the form and suggestions for changes should be sent to the EMA/CHMP at address: EMA/CHMP/313/03, European Directorate for the Quality of Medicines and HealthCare, 2000 Avenue of the Arts, 1050 Brussels, Belgium. Tel: +32 2 285 00 00; fax: +32 2 285 00 01; e-mail: EMA/CHMP/313/03@ec.europa.eu.